

Office of Racing Commissioner REGISTRATION OF SHOCK / RADIAL PULSE THERAPY EQUIPMENT

Licensed Veterinarian (Printed)			MI Vet License No.		
Address					
City	State			Zip	
Manufacturer of equipment	Model of		equipment and / Serial Number		
Date of Purchase					
I certify that the equipment will b	e used in	complianc	e with C	PRC regulations.	
Veterinarian (Signature) Veterinarian (Signature) Veterinarian (Signature)		_	Date		
			Date		
			Date		
Veterinarian (Signature)			Date		